

## **Supplemental Application Data Sheet**

### **Application Information**

|                                 |  |
|---------------------------------|--|
| Application number::            | 10/777,792   |
| Filing Date::                   | 2/11/04  |
| Application Type::              | Regular  |
| Subject Matter::                | Utility  |
| Sequence Submission::           | Yes  |
| Number of copies of CDs::       |  |
| Computer Readable Form (CRF)?:: | No   |
| Title::                         | PREVENTION AND TREATMENT OF<br>AMYLOIDOGENIC DISEASE |
| Attorney Docket Number::        | 15270J-004766US                                      |
| Request for Early Publication:: | No   |
| Request for Non-Publication::   | No   |
| Total Drawing Sheets::          | 18   |
| Small Entity?::                 | No   |
| Petition included?::            | <del>Yes</del> <u>No</u>                             |
| Secrecy Order in Parent Appl.:: | No   |

### **Applicant Information**

|                                  |               |
|----------------------------------|---------------|
| Applicant Authority Type::       | Inventor      |
| Primary Citizenship Country::    | US            |
| Status::                         | Full Capacity |
| Given Name::                     | Dale          |
| Middle Name::                    | B.            |
| Family Name::                    | Schenk        |
| Name Suffix::                    |               |
| City of Residence::              | Burlingame    |
| State or Province of Residence:: | CA            |
| Country of Residence::           | US            |

Street of Mailing Address:: 1542 Los Altos Drive  
City of Mailing Address:: Burlingame  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94010

Applicant Authority Type:: ~~Inventor~~  
Primary Citizenship Country:: ~~France~~  
Status:: ~~Full Capacity~~  
Given Name:: ~~Frederique~~  
Middle Name::  
Family Name:: ~~Bard~~  
Name Suffix::  
City of Residence:: ~~Pacifica~~  
State or Province of Residence:: ~~CA~~  
Country of Residence:: ~~US~~  
Street of Mailing Address:: ~~1111 Park Pacifica Avenue~~  
City of Mailing Address:: ~~Pacifica~~  
State or Province of mailing address:: ~~CA~~  
Country of mailing address:: ~~US~~  
Postal or Zip Code of mailing address:: 94044

Applicant Authority Type:: ~~Inventor~~  
Primary Citizenship Country:: ~~US~~  
Status:: ~~Full Capacity~~  
Given Name:: ~~Theodore~~  
Middle Name::  
Family Name:: ~~Yednock~~  
Name Suffix::

City of Residence:: ~~Forest Knolls~~  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: ~~184 Arroyo Road~~  
City of Mailing Address:: ~~Forest Knolls~~  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94033

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

|                  |                   |                      |                      |
|------------------|-------------------|----------------------|----------------------|
| Application::    | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This Application | Continuation of   | 09/723,544           | 11/28/00             |
| 09/723,544       | Continuation      | 09/580,018           | 05/26/00             |

### **Assignee Information**

Assignee Name:: Elan Pharma International Limited  
Street of mailing address:: Monksland  
City of mailing address:: Athlone  
State or Province of mailing address:: County Westmeath  
Country of mailing address:: Ireland